



Received & Inspected

JUL 08 2014

FCC Mail Room

June 26, 2014

Via Electronic Filing

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: WC Docket No. 10-90, WC Docket No. 11-42
2014 ETC Annual Report of Highland Telephone Cooperative
Study Area Code 190237

Dear Secretary:

On behalf of Highland Telephone Cooperative ("Highland"), we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules. Highland seeks confidential treatment under the FCC's Protective Order for the information filed pursuant to Section 54.313(f)(2) of the Commission's regulations¹. Highland also seeks confidential treatment under the Commission's existing confidentiality rules at 47 CFR 0.457 and 47 CFR 0.459 for the information filed pursuant to Section 54.313(a)(1). The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

/s/ Heath Koth
Telco Consultant
Phone: (605) 995-1832
Fax: (605) 995-1778
Heath.Koth@Vantagepnt.com

Enclosure(s)

cc: Ruth Newman, Co-General Manager, Highland Telephone Cooperative
Charles Tyler, Telecommunications Access Policy Division

No. of Copies rec'd _____
List ABCDE

¹ *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order).

| | |
|--|--------------------|
| <010> Study Area Code | 190237 |
| <015> Study Area Name | HIGHLAND TEL COOP |
| <020> Program Year | 2015 |
| <030> Contact Name: Person USAC should contact with questions about this data | Ruth Newman |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 5404682131 ext. |
| <039> Contact Email Address: Email of the person identified in data line <030> | newmanr@htcnet.org |

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| | | | |
|---|---|-------------------------------------|-------------------------------------|
| <100> Service Quality Improvement Reporting | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <200> Outage Reporting (voice) | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input type="text"/> <-- check box if no outages to report | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <300> Unfulfilled Service Requests (voice) <input type="text"/> | | <input type="text"/> | <input checked="" type="checkbox"/> |
| <310> Detail on Attempts (voice) | (attach descriptive document) | <input type="text"/> | <input checked="" type="checkbox"/> |
| <320> Unfulfilled Service Requests (broadband) <input type="text"/> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <330> Detail on Attempts (broadband) | (attach descriptive document) | <input type="text"/> | <input checked="" type="checkbox"/> |
| <400> Number of Complaints per 1,000 customers (voice) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> Fixed <input type="text"/> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <420> Mobile <input type="text"/> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <430> Number of Complaints per 1,000 customers (broadband) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <440> Fixed <input type="text"/> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <450> Mobile <input type="text"/> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <500> Service Quality Standards & Consumer Protection Rules Compliance | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> <input type="text"/> | (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> <input type="text"/> | (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice) | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <710> Company Price Offerings (broadband) | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <800> Operating Companies and Affiliates | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> | (if yes, complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1000> Voice Services Rate Comparability | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1010> <input type="text"/> | (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> | (if not, check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1110> | (complete attached worksheet) | <input type="text"/> | <input checked="" type="checkbox"/> |
| <1200> Terms and Condition for Lifeline Customers | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | | |
|--------|-----------------------------------|----------------------|-------------------------------------|
| <2000> | (check to indicate certification) | <input type="text"/> | <input checked="" type="checkbox"/> |
| <2005> | (complete attached worksheet) | <input type="text"/> | <input checked="" type="checkbox"/> |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

| | | | |
|--------|-----------------------------------|-------------------------------------|-------------------------------------|
| <3000> | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <3005> | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0086/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|---|
| <010> | Study Area Code | 190237 |
| <015> | Study Area Name | HIGHLAND TEL COOP |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Ruth Newman |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5404682131 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | newmanr@htcnet.org |
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes / no) <input type="radio"/> <input type="radio"/> |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

190237val12.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

| |
|---|
| ✓ |
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FCC Form 401

OMB Control No. 3060-0944/OMB Control No. 3060-0818
July 2013

[illegible]

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 190237 |
| <015> | Study Area Name | HIGHLAND TEL COOP |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Ruth Newman |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5404682131 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | newmanr@htcnet.org |

| | | |
|-------|-------------------|--------------------------------|
| <810> | Reporting Carrier | HIGHLAND TELEPHONE COOPERATIVE |
| <811> | Holding Company | N/A |
| <812> | Operating Company | N/A |

[illegible]



| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 190237 |
| <015> | Study Area Name | HIGHLAND TEL COOP |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Ruth Newman |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5404682131 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | newmanr@htcnet.org |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select (Yes,No, NA) |
|---------------------------|
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|-------|---|--------------------|
| <010> | Study Area Code | 190237 |
| <015> | Study Area Name | HIGHLAND TEL COOP |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Ruth Newman |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5404682131 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | newmanr@htcnet.org |

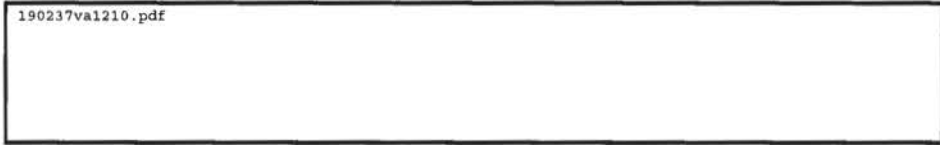
<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐



| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 190237 |
| <015> | Study Area Name | HIGHLAND TEL COOP |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Ruth Newman |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5404662131 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | newmanr@htcnet.org |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans



Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.



| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 190237 |
| <015> | Study Area Name | HIGHLAND TEL COOP |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Ruth Newman |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5404682131 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | newmanr@htcnet.org |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- | | |
|--|--|
| <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) <2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) | <input type="checkbox"/> <input type="checkbox"/> |
|--|--|

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- | | |
|---|--|
| <2012> 2013 Frozen Support Certification <2013> 2014 Frozen Support Certification <2014> 2015 Frozen Support Certification <2015> 2016 and future Frozen Support Certification | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|---|--|

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- | | |
|--|--------------------------|
| <2016> Certification Support Used to Build Broadband | <input type="checkbox"/> |
|--|--------------------------|

Connect America Phase II Reporting (47 CFR § 54.313(e))

- | | |
|---|--|
| <2017> 3rd year Broadband Service Certification <2018> 5th year Broadband Service Certification <2019> Interim Progress Certification <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|---|--|

- | | |
|---|--|
| <2021> Interim Progress Community Anchor Institutions | <div style="border: 1px solid black; width: 250px; height: 80px; margin: 0 auto;"></div> |
|---|--|

Name of Attached Document Listing Required Information

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 190237 |
| <015> | Study Area Name | HIGHLAND TEL COOP |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Ruth Newman |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5404682121 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | newmanr@htcnet.org |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

(3014) If yes, does your company file the RUS annual report

(Yes/No)

☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No)

☒ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

(3023) Underlying information subjected to a review by an independent certified public accountant ☐

(3024) Underlying information subjected to an officer certification. ☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

190237va3026.pdf

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information



| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 190237 |
| <015> | Study Area Name | HIGHLAND TEL COOP |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Ruth Newman |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5404682131 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | newmanr@htcnet.org |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|---|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | HIGHLAND TEL COOP |
| Signature of Authorized Officer: | CERTIFIED ONLINE Date 06/26/2014 |
| Printed name of Authorized Officer: | Ruth Newman |
| Title or position of Authorized Officer: | Secretary/Co-General Manager |
| Telephone number of Authorized Officer: | 5404682131 ext. |
| Study Area Code of Reporting Carrier: | 190237 Filing Due Date for this form: 07/01/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 190237 |
| <015> | Study Area Name | HIGHLAND TEL COOP |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Ruth Newman |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5404682131 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | newmanr@htcnet.org |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: _____ | |
| Name of Reporting Carrier: _____ | |
| Signature of Authorized Officer: _____ | Date: _____ |
| Printed name of Authorized Officer: _____ | |
| Title or position of Authorized Officer: _____ | |
| Telephone number of Authorized Officer: _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: _____ | |
| Name of Authorized Agent or Employee of Agent: _____ | |
| Signature of Authorized Agent or Employee of Agent: _____ | Date: _____ |
| Printed name of Authorized Agent or Employee of Agent: _____ | |
| Title or position of Authorized Agent or Employee of Agent: _____ | |
| Telephone number of Authorized Agent or Employee of Agent: _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

**(200) Service Outage Reporting (Voice)
Data Collection Form**

PEC Form 483

DMS Control No. 3060-0988/DMS Control No. 3060-0919

JULY 2013

| | |
|-----------------------|--------|
| <010> Study Area Code | 190237 |
|-----------------------|--------|

| | | |
|-------|-----------------|-------------------|
| <015> | Study Area Name | HIGHLAND TEL COOP |
|-------|-----------------|-------------------|

| | | |
|-------|--------------|------|
| <020> | Program Year | 2015 |
|-------|--------------|------|

| | | |
|-------|---|-------------|
| <030> | Contact Name - Person USAC should contact regarding this data | Ruth Newman |
|-------|---|-------------|

| | | |
|-------|---|-----------------|
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5404682131 ext. |
|-------|---|-----------------|

<039> Contact Email Address - Email Address of person identified in data line <030> newmanr@htcnet.org

<220>

<a> <b1> <b2> <b3> <b4> <c1> <c2> <d> <e> <f> <g> <h>

[illegible]

| | | |
|-------|--|----------|
| <701> | Residential Local Service Charge Effective Date | 1/1/2014 |
| <702> | Single State-wide Residential Local Service Charge | |

[illegible]

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REDACTED – FOR PUBLIC INSPECTION

HIGHLAND TELEPHONE COOPERATIVE (SAC 190237)

ATTACHMENT – LINE 112

ATTACHMENT REDACTED IN ENTIRETY

CERTIFICATION OF HIGHLAND TELEPHONE COOPERATIVE

Reporting Period January 1 – December 31, 2013

Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance

Pursuant to § 54.313(a)(5) for High-cost Recipients, Highland Telephone Cooperative ("Company") hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Company follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations.

As a Cooperative, and in accordance with Virginia Annotated Code (VAC), 20 VAC 5-485, Telephone Cooperative Act, Company is not governed by the rules of the VAC for service quality standards and consumer protection rules. However, the Company in the interest of protecting its own customers has incorporated consumer protection procedures comparable to those require of ILEC's in the State of Virginia, allowing the Company to meet or exceed existing VAC rules. These procedures include, but are not limited to, the following: (1) publishing the rates, terms and conditions of service; (2) truth-in-billing requirements; and (3) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customer's privacy.

I verify that the foregoing is true and correct. Executed on June 16, 2014.

/s/ Ruth Newman

Ruth Newman

Co-General Manager

Highland Telephone Cooperative

CERTIFICATION OF HIGHLAND TELEPHONE COOPERATIVE

Reporting Period January 1 – December 31, 2013

Sec. 54.313(a)(6) Ability to Function in an Emergency Situation

Pursuant to § 54.313(a)(6) for High-cost Recipients, Highland Telephone Cooperative ("Company") hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). The Company's network is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

As a Cooperative, and in accordance with Virginia Annotated Code (VAC), 20 VAC 5-485, Telephone Cooperatives Act, Highland Telephone Cooperative is not governed by VAC rules regarding Emergency Operations. However, in compliance with the Federal emergency situations rules the Company's central offices have adequate provision for emergency operations. Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic.

I verify that the foregoing is true and correct. Executed on June 16, 2014.

/s/ Ruth Newman

Ruth Newman

Co-General Manager

Highland Telephone Cooperative

CERTIFICATION OF HIGHLAND TELEPHONE COOPERATIVE

Reporting Period January 1 – December 31, 2013

47 CFR 54.313(a)(10) - Voice Services Rate Comparability

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

On March 20, 2014, the WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is \$20.46. This was also published in the FCC's Report and Order, Declaratory Ruling, Order, Memorandum Opinion and Order, Seventh Order on Reconsideration, and Further Notice of Proposed Rulemaking Adopted April 23, 2014 and Released June 10, 2014. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2014 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 16, 2014.

/s/ Ruth Newman

Ruth Newman

Co-General Manager

Highland Telephone Cooperative

Highland Telephone Cooperative**Rates, Terms and Conditions for Lifeline Service****(Response to Form 481, Line 1210)**

Local exchange service rates and charges as specified below are for basic local exchange service, including Tone Dialing Service, and facilities only. Unless otherwise specified, the rates and charges quoted below are for a period of one month, payable in advance and provide unlimited flat rate calling within the local exchange calling scope.

Residential Local Exchange Access Line Rates⁽¹⁾⁽²⁾:

| Exchange Name | R-1 Rate |
|----------------------|-----------------|
| Blue Grass | \$14.00 |
| Mill Gap | \$14.00 |
| Monterey | \$14.00 |

⁽¹⁾ Above listed fees do not include mandatory taxes, fees and surcharges, including, but not limited to 9-1-1 fees, and municipal franchise fees.

⁽²⁾ Qualified Lifeline customers are eligible for Lifeline credits or discounts as outlined in the attached Lifeline tariff.

Lifeline Assistance

General

Lifeline Assistance reduces an eligible customer's monthly Federal Subscriber Line Charge and rates for local service. An eligible customer receives credit for the Federal Subscriber Line Charge as well as a credit towards the residential local exchange access line rate.

Regulations

1. Lifeline Assistance is available to all residential customers who meet the following eligibility requirements:
 - a. Customers, their dependent, or their household must be participants in one of the following programs: Medicaid; SNAP; Supplementary Security Income (SSI); federal public housing assistance or Section 8 (a Federal Housing Assistance Program administered by the department of Urban Development); Low Income Home Energy Assistance Program (LIHEAP); Temporary Assistance for Needy Families (TANF) or National School Lunch free lunch program.
 - b. In addition, a consumer may be eligible if his or her household income is at or below 135% of the Federal Poverty Guidelines.
2. As a participant in Lifeline Assistance, customers are eligible to receive Toll Blocking Service. These services will only be provided at the customer's request. The FUSC (Federal Universal Service Charge) will not apply to customers participating in this program.
3. The Lifeline discount is effective upon receipt of a completed certification form and proof of eligibility.
4. Only one Lifeline discount is available per household. Lifeline is not transferable.
5. Lifeline customers must recertify their continued eligibility annually. Customers must certify that they continue to be eligible for Lifeline and that no

one in their household is receiving the Lifeline discount from another company. Failure to demonstrate continued eligibility will result in the loss the Lifeline discount.

Lifeline Credits

The following credits will apply for each customer eligible for Lifeline Assistance:

Monthly Credit

1. Federal Subscriber Line Charge Credit - \$6.50
2. Residential Local Exchange Service Credit - \$2.75

REDACTED – FOR PUBLIC INSPECTION

HIGHLAND TELEPHONE COOPERATIVE (SAC 190237)

ATTACHMENT – LINE 3026

ATTACHMENT REDACTED IN ENTIRETY